

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND  
CAMPAIGN DISCLOSURE  
PM 6-3  
2010 JUN -4 PM 12:20

**COMMITTEE NAME** (Must be same as on Statement of Organization)

People For Beall

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

## CANDIDATE COMMITTEES ONLY:

Candidate Name

Daryl Beall

Political Party (if applicable)

Democratic

Office Sought

Senate

District (if Senate or House)

25th

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

1361

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A \_\_\_\_\_ REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☒ CHECK IF AMENDMENT TO REPORT DATED June 1, 2010

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 25,548.76

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2,900.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 28,448.76

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

1,956.40

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 26,492.36

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 50.16

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

## CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

People For Beall

Reset Form

<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN-KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/21/10	Iowa Senate Majority Fund 5661 Fleur Dr. Des Moines Ia 50321		Postage	\$ 28.89	<input checked="" type="checkbox"/>
5/28/10	Iowa Senate Majority Fund 5661 Fleur Dr Des Moines, Ia 50321		Food & Beverages	21.27	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 50.16	
TOTAL (If last page of this schedule)				\$ 50.16	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

**DISCLOSURE SUMMARY PAGE**

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Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
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Fax: 515-281-4073

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Reset Form

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
pm 6-2  
2010 JUN -3 AM 8:41

**COMMITTEE NAME (Must be same as on Statement of Organization)**

People For Beall

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

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**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Daryl Beall

Political Party (if applicable)

Democratic

Office Sought  
SenateDistrict (if Senate or House)  
25th

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT**For Office Use Only**

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SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A June 1, 2010

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
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**STATEMENT OF CASH ON HAND**

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**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

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Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 28,448.76

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

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1,956.40

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 26,492.36

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE	
<b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

People For Beall

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/25/10	ID# CK# 6079	Mike & Rozanne Carisch 804 N Hancock St. Lake City, Ia 51449		\$ 25.00	<input type="checkbox"/>
5/29/10	ID# CK# 1347	Sharon Mueller 1317 N Lynnbrook Dr. Arlington, Va 22201		500.00	<input type="checkbox"/>
5/29/10	ID# 6096 CK# 2196	Manufactured Housing PAC 1400 Dean Ave Des Moines, Ia 50316-3938		500.00	<input type="checkbox"/>
5/29/10	ID# 6478 CK# 1241	Iowa Association of Nurse Anesthetists 303 Locust St. 400 Homestead Building Des Moines, Ia 50309-1770		400.00	<input type="checkbox"/>
5/29/10	ID# 6118 CK# 5033	Iowa Optometric Association PAC 6150 Village View Dr Ste. 105 West Des Moines, Ia 50266		250.00	<input type="checkbox"/>
5/29/10	ID# 6059 CK# 3447	Iowa Committee Of Automotive Retailers 1111 Office Park Rd West Des Moines, Ia 50265		250.00	<input type="checkbox"/>
5/29/10	ID# CK# 5569	Julie Smith 8131 Wellington Blv Johnston, Ia 50131		100.00	<input type="checkbox"/>
5/29/10	ID# 6070 CK# 3970	IOWA LAWPAC 625 East Court Avenue Des Moines, Ia 50309-1904		100.00	<input type="checkbox"/>
5/29/10	ID# CK# 4190	Kent & Megan Hartwig 300 31st St. Des Moines, Ia 50312		100.00	<input type="checkbox"/>
5/29/10	ID# CK# 8131	Ed or Donna Lawson 1214 Southfield Drive Jefferson, Ia 50129		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2325.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE	
<b>A</b>	MONETARY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

People For Beall

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/29/10	ID# CK# 4191	Michael & Susan Cameron 600 Brentwood Dr. Waukee, Ia 50263		\$ 100.00	<input type="checkbox"/>
5/29/10	ID# 6058 CK# 4689	Iowa Chiropractic Society 100 East Grand Ave Suite 240 Des Moines, Ia 50309		100.00	<input type="checkbox"/>
5/29/10	ID# 6099 CK# 1254	Meredith Corporation Employees Fund 1716 Locust Street Des Moines, Ia 50309-3023		100.00	<input checked="" type="checkbox"/>
5/29/10	ID# CK# 1040	Emily Piper PO Box 12011 Des Moines, Ia 50312-2011		50.00	<input type="checkbox"/>
5/29/10	ID# CK# 5440	Andrew & Dorolyn Baumert 5068 Coachlight Dr West Des Moines, Ia 50265-6928		50.00	<input type="checkbox"/>
5/29/10	ID# CK# 9486	Sally Pederson 5007 Woodland Avenue Des Moines, Ia 50312		50.00	<input type="checkbox"/>
5/29/10	ID# CK# 2233	James Burr 2002 Greenbriar Dr Fort Dodge, Ia 50501		25.00	<input type="checkbox"/>
5/29/10	ID# CK# 5208	Neven or Jill Mulholland 833 Northwood Ave Fort Dodge, Ia 50501		25.00	<input type="checkbox"/>
5/29/10	ID# CK# 6815	Cecilia Tomlonovic 1245 40th St. Des Moines, Ia 50311		25.00	<input type="checkbox"/>
5/29/10	ID# CK# 4332	K Tegtmeier 5542 Boston Court Johnston, Ia 50131		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 550.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 3  
(for Schedule A)



FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

People For Beall

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/18/10	ID# CK# 2341	Carter Printing 1739 East Grand Avenue Des Moines, Ia 50316	2500 Brochures	\$ 384.00
5/18/10	ID# CK# 2342	Iowa Democratic Party 5661 Fleur Dr. Des Moines, Ia 50321	First half due for use of VAN	1000.00
6/01/10	ID# CK# 2343	Carter Printing 1739 East Grand Ave. Des Moines, Ia 50316	5000 Comment Cards, 1000 Letterheads, 2500 #10 Envelopes	572.40
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1956.40
TOTAL (If last page of this schedule)				\$ 1956.40

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)